

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10/820777

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 7             |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 17 minus 20 = | 0            |
| INDEPENDENT CLAIMS  | 1 minus 3 =   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

7/24/06

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | 7/17/06   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 10                               | Minus | 20                                 | 0             |
|             | Independent   | 1                                | Minus | 3                                  | 0             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     |        |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     | 385    | OR | TOTAL     |        |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDI- TIONAL FEE |    | RATE             | ADDI- TIONAL FEE |
|------------------|------------------|----|------------------|------------------|
| XS 9=            |                  | OR | XS18=            |                  |
| X43=             |                  | OR | X86=             |                  |
| +145=            |                  | OR | +290=            |                  |
| TOTAL ADDIT. FEE |                  | OR | TOTAL ADDIT. FEE |                  |

11-2-06 (Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 10                               | Minus | 20                                 | 0             |
|             | Independent   | 1                                | Minus | 3                                  | 0             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDI- TIONAL FEE |    | RATE             | ADDI- TIONAL FEE |
|------------------|------------------|----|------------------|------------------|
| XS 9=            |                  | OR | XS18=            |                  |
| X43=             |                  | OR | X86=             |                  |
| +145=            |                  | OR | +290=            |                  |
| TOTAL ADDIT. FEE |                  | OR | TOTAL ADDIT. FEE |                  |

RCF 60907 (Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 15                               | Minus | 20                                 | 0             |
|             | Independent   | 2                                | Minus | 3                                  | 0             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDI- TIONAL FEE |    | RATE             | ADDI- TIONAL FEE |
|------------------|------------------|----|------------------|------------------|
| XS 9=            |                  | OR | XS18=            |                  |
| X43=             |                  | OR | X86=             |                  |
| +145=            |                  | OR | +290=            |                  |
| TOTAL ADDIT. FEE |                  | OR | TOTAL ADDIT. FEE |                  |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.